DOCUMENT RESUME

ED 361 636 CG 025 031

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TITLE A Study of Undergraduate College Students' Alcohol Consumption Related to High-Risk Sexual Activity.
PUB DATE May 93
NOTE 46p.; Master's Thesis, William Paterson College.
PUB TYPE Dissertations/Theses - Masters Theses (042)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Alcohol Abuse; Counseling Techniques; *Drinking; Health Education; Higher Education; Sex Education; *Sexuality; *Student Attitudes; *Student Behavior; Undergraduate Students

ABSTRACT

Undergraduate college students in the United States have, for generations, indulged in drinking alcohol and engaging in sexual activity as part of their "coming-of-age" socialization process. This study was conducted to examine the relationship in college students' lives between alcohol consumption and engaging in high-risk sexual activity. It also explored what college students' attitudes and behaviors are regarding the practice of safer sex to protect themselves from the human immunodeficiency virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS) and from other sexually transmitted diseases. Finally, the study examined the education undergraduates currently receive regarding alcohol consumption, sexual activity, HIV/AIDS, and other sexually transmitted diseases. Surveys were completed by 100 undergraduate students. The findings revealed that both male and female students reported high incidences of alcohol consumption and sexual activity. Students reported that they began drinking alcohol and began sexual activity at an early age. The majority reported that they were more likely to become sexually involved if they had consumed alcohol. Nearly one-half of the students reported not using protection during sexual activity after drinking alcohol. Although students were knowledgeable about HIV/AIDS and other sexually transmitted diseases, they reported not taking the necessary precautions to protect themselves. The study instrument is appended. (NB)

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ED 361 636

A STUDY OF UNDERGRADUATE COLLEGE STUDENTS' ALCOHOL CONSUMPTION RELATED TO HIGH-RISK SEXUAL ACTIVITY

A Thesis

Presented to the Faculty of the Graduate School

of William Paterson College, Counseling Department

in Partial Fulfillment of the Requirements for the

Degree of Master of Education

by

Rosemary Gainey

May, 1993

CG025031

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ACKNOWLEDGEMENT

Dedicated to the loving memory

of my cousin, and my friend,

JEFFREY SCOTT MAHONEY

October 18, 1961-April 29, 1993

"Gone Too Soon"

ABSTRACT

Today's college students in the United States have grown up being exposed to alcohol and sexuality from a young age. They are involved in alcohol consumption and sexual activity, from an earlier age, perhaps, than any previous generation of Americans.

This study was conducted in order to gain additional knowledge about the relationship between undergraduate college students' consumption of alcohol and high-risk sexual activity. It examines undergraduate students' attitudes and behaviors concerning alcohol consumption and high-risk sexual activity, the relationship between the two, and relates this to taking precautions against contracting HIV/AIDS and other sexually transmitted diseases.

It also discusses recommendations for more effective methods of educating and counseling the undergraduate student population regarding HIV/AIDS.

TABLE OF CONTENTS

	Page
Acknowledgement	ii
Abstract	iii
Chapter	
1. INTRODUCTION	1
Statement of the Problem	3
Hypotheses	3
Purpose of the Study	4
Importance of the Problem	4
Limitations of the Study	5
Delimitations of the Study	5
Definition of Terms	5
2. REVIEW OF RELATED LITERATURE	7
3. DESIGN OF THE STUDY	22
Procedures	22
Data Source and Collection	23
Treatment and Instruments Used for Data Collection	23
4. ANALYSIS OF DATA (with tables)	24
5. SUMMARY AND CONCLUSIONS	29
Problem Restatement	29
Description of Methods and Procedures Used	29
Findings	30
Conclusions	32
Recommendations for Additional Studies	33
6. References Cited	35
7. Appendix A	37
Sample Letter	38
Sample Survey	39

Chapter 1

INTRODUCTION

Undergraduate college students in the United States have, for generations, indulged in drinking alcohol and engaged in sexual activity as part of their "coming-of-age" socialization process. After World War II, and into the 1950's, record numbers of Americans attended college, largely due to the G.I. Bill, which guaranteed veterans a college education. In the 1960's and 1970's, American colleges underwent sweeping social changes. Many traditional male-only colleges began accepting female students; consumption of alcohol and illegal drugs increased, and the sexual activity of college students reached levels never seen before.

The majority of American undergraduate college students are between the ages of 18 and 25. When alcohol use is broken down according to age group, 70% of males and 57% of females in the 18 to 25 years old age group drink alcohol on a regular basis. (U.S. National Institute on Drug Abuse, 1991) For many college students, alcohol consumption is often accompanied by high-risk sexual activity, which can expose them to the HIV virus that causes AIDS, and expose them to other sexually transmitted diseases.

This interaction between alcohol consumption and high-risk sexual activity in the college student population is a dangerous one.

This study will deal with undergraduate college students, their alcohol consumption, and their sexual activity. It will examine the relationship in college students' lives between alcohol consumption and engaging in high-risk sexual activity, and what college students' attitudes and behaviors are regarding the practice of safer sex to protect themselves from the HIV virus that causes, and protect themselves from other sexually transmitted diseases.

Statement of the Problem

The purpose of this study is to examine the relationship in college students' lives between the consumption of alcohol and high-risk sexual activity. It will examine students' attitudes and behaviors concerning alcohol consumption and high-risk sexual activity, and the relationship between the two. This study will relate these issues to students taking precautions against contracting the HIV virus that causes AIDS, and other sexually transmitted diseases. It will also examine the implications of this information for future education and counseling of college students.

Hypotheses

1. There is a high incidence of alcohol consumption among undergraduate college students.
2. There is a high incidence of sexual activity among undergraduate college students.
3. The earlier students begin alcohol consumption, the earlier those students become sexually active.
4. Students are more likely to become sexually active if they have been consuming alcohol.
5. Students are more likely to engage in high-risk sexual activity (without condoms) if they have been consuming alcohol.
6. Undergraduate college students have general information on transmission of HIV/AIDS, yet do not believe that they themselves are at risk to contract the disease, so do not take precautions to protect themselves against it.

Purpose of the Study

The purpose of this study is to examine what drinking and sexual behaviors undergraduate college students engage in on a regular basis, and what precautions they take against contracting HIV/AIDS and other sexually transmitted diseases. It will also examine the current education undergraduate college students receive regarding alcohol consumption, sexual activity, HIV/AIDS, and sexually transmitted diseases.

Importance of the Problem

Young people in America today begin drinking alcohol at an earlier age, and begin sexual activity at an earlier age, than ever before. By the time American youths reach college age, the majority of them have been both drinking alcohol and engaging in sexual activity for a number of years. Much of the sexual activity young people engage in is following the consumption of alcohol; much of this sexual activity is engaged in without protection against HIV/AIDS and sexually transmitted diseases. I believe it is of great importance to research this area and determine what further, or different, alcohol and sexual education is necessary for college students to live healthy and responsible lives. In fact, it is a matter of life or death.

Limitations of the Study

The study was limited to a sample population of undergraduate students on a campus in New Jersey. A survey was conducted on campus, 100 responses were received, 60 women and 40 men.

Delimitations of the Study

The study was limited to those undergraduate students who live in on-campus housing. The conclusions are not to be extended to the undergraduate college student population as a whole.

Definition of Terms

Undergraduate student:	Any college student, male or female, who is in Freshman through Senior year of college.
Alcohol:	Liquid intoxicant in wine, beer, and spirits.
Sexual activity:	Sexual intercourse.
High-risk sexual activity:	Sexual intercourse without the use of a condom, and/or without the use of contraceptives; could lead to disease or pregnancy.

Safer sex:	Sexual intercourse with the use of condoms to protect against diseases and pregnancy.
HIV:	Human Immunodeficiency Virus; the virus that causes AIDS.
AIDS:	Acquired Immunodeficiency Syndrome = a specific group of diseases or conditions which are indicative of severe immunosuppression related to infection with human immunodeficiency virus (HIV).
STD:	Sexually transmitted disease, modern term for venereal disease.

Chapter 2

REVIEW OF RELATED LITERATURE

Only a small percentage of all cases of AIDS (4% in men and 6% in women) have been reported in the 20 to 24 year-old age group that includes heterosexual undergraduate college students. (CDC, 1990) However, due to the long latency period of HIV/AIDS, it is likely that most cases of the disease were acquired when these individuals were in their late teens or early twenties. College students often live with the false belief that HIV/AIDS is not an issue of personal concern in their lives. (Gray, 1989) For generations of Americans, the years spent in college have been, and are, years of exploration, including exploration in sexual relationships. It is therefore of utmost importance that college students be thoroughly educated regarding how the HIV infection that causes AIDS is transmitted, and regarding precautions they should take to protect themselves.

Since 1900, sexual activity of single students has increased, and the rates of involvement for both men and women tended to converge over time. More specifically, the rates increased dramatically in the 1970's, and sexual activity seemed to be the norm for for both male and female college students by 1980. (Spees, 1987)

Although nearly three-quarters of adolescents are sexually active, few are practicing "safer sex", despite an awareness of the identified risks for HIV infection. (CDC, MMWR, 6/15/90)

College students are also known for their indulgence in drinking alcohol, more today than ever before. In the 1940's and 1950's, American youths took their first drink at ages 13 and 14; today, they start at 12. (NCADD, 1993) Although the use of alcohol is illegal for anyone under 21, it remains more widespread among youth than the use of tobacco or any illicit drug. Among college students alcohol is more than twice as popular as both tobacco and marijuana, and almost nine times as popular as cocaine (close to 90% of college students had used alcohol in a 12-month period). (NCADD, 1993) Over one-half of college students participate in drinking games which involve the consumption of extremely high quantities of alcohol. Studies indicate that the average amount is between 6 and 10 drinks in a short period of time. A 1990 survey revealed that 41% of students had consumed five or more drinks in a row in the last two weeks. (NCADD, 1993) Drunkenness at least once a month for college students ranges from 26 to 48 percent.

In 1987, American hospitals discharged 91,000 of the of the 18 to 25 year-old age group with at least one alcohol-related illness. These hospital discharges reflect only the alcohol-related diseases caused by prolonged and/or heavy drinking, and do not include alcohol-related injuries. (NCADD, 1993) Of the current college student body in America, between 2 and 3 percent will eventually die from alcohol-related causes, about the same number as will get advanced degrees, master's, and doctorate degrees combined. (NCADD, 1993)

Due to these increases in alcohol consumption and sexual activity among college youth, the relationship between alcohol and HIV infection/AIDS is an area of growing concern. The overall number of AIDS cases in heterosexuals in the United States has been slowly but steadily rising over the past few years. The heterosexual percentage of the total number of AIDS cases has increased from 5% as of January 1991, to 6% as of January 1992, to 7% as of January 1993. Over the same period, the percentage of the total number of AIDS cases in male homosexuals has steadily decreased, from 59% as of January 1991, to 58% as of January 1992, to 57% as of January 1993.

(CDC, February 1993) Much of the decrease in the number of AIDS cases among male homosexuals is attributed to the educational campaign within their community regarding the adoption of safer sex practices. For a significant decrease in AIDS cases to occur in the heterosexual population, including college students, it is necessary that a similar educational campaign be undertaken, stressing that everyone is at risk, regardless of sexual orientation.

Alcohol and other drugs may be co-factors in the acquisition, development, worsening, or transmission of HIV infection, leading to AIDS. (Seigel, 1986) Respondents in an adult sample who had consumed alcohol immediately prior to first sexual intercourse were markedly less likely than others to have used condoms as a precaution against disease. (Robertson and Plant, 1988)

Two studies of undergraduate students' knowledge and beliefs about AIDS were conducted at a private university in the Southern United States. In the first study, students who were tested for AIDS knowledge had mean scores of 78%, and 87% in a survey of beliefs about AIDS. These scores were above the national averages, yet an analysis of the responses

concerning students' beliefs about AIDS revealed the students did not feel they themselves were susceptible to AIDS and were unlikely to practice safer sex. (Butcher, 1991)

The follow-up study investigated whether safer sex behaviors were actually being practiced on the same campus. This study showed that (as is true of their age range nationally) the majority of the students, 76%, indicated that they were sexually active. Of the sexually active students, 30% had had no partners in the past month, 56% had had only one, and 13% had had more than one. 59% of the sexually active women claimed to have had only one partner in the past month, compared with 53% of the men. 13% of men and 6% of women claimed that their primary type of sexual contact was for one night only. Regarding knowledge and attitudes about AIDS, responses of students in this follow-up study, as in the first study, were comparable to respondents in their age group nationally, although they were slightly more knowledgeable than those in the national survey. Respondents also typically reported feeling it was unlikely that they or someone they knew would contract AIDS. (Butcher, 1991)

Fifty percent of the men and 60% of the women stated that they had changed their behaviors to avoid

HIV infection; however, most reported reducing their number of partners rather than using protection as their method of avoiding infection. Eighty-seven percent of those in the sample endorsed the belief that condoms were effective in preventing HIV infection, but condom use was not widespread. Of the sexually active students, 29% indicated that they never used condoms, 32% that they sometimes used condoms, 23% that they almost always did, and 15% claimed they always used condoms. (Butcher, 1991)

Three questions in this study investigated planned and unplanned intercourse. Forty-seven percent of the men and 57% of the women said that they had engaged in intercourse from one to five times primarily because they were intoxicated, 8% of both men and women had had intercourse from six to ten times while intoxicated, and 16% of men and 5% of women had had intercourse due to intoxication more than ten times. Twenty-nine percent of the men and 31% of the women stated that they had never had intercourse because of intoxication. (Butcher, 1991)

This follow-up study determined that the chance of HIV infection/AIDS may be increased when students engage in behaviors that affect their judgement, such as alcohol

or drug use. This study concludes, "When alcohol is combined with the common practice among college students of unprotected sexual intercourse with many different partners, the risk of HIV infection is increased. The dangerous interaction between increased alcohol intake and decreased likelihood of practicing safer sex suggests that college efforts to prevent HIV infection should address alcohol use and safer sex practices simultaneously and should make explicit the connection between these behaviors and the risk of HIV infection." (Butcher, 1991)

There have been other studies conducted which have found that many young women just beginning their sexual lives use alcohol prior to intercourse. A large number of women appear to drink heavily enough prior to sexual activity to impair their judgement and compromise their ability to use contraceptives. In one study, almost one-third of the women, aged 14-21, had used alcohol in conjunction with the intercourse which resulted in pregnancy. Of those women who drank alcohol prior to intercourse, 92% of their partners had also been drinking alcohol. (Flanigan, 1990)

A related, unexpected finding, called a "life transition" factor, came out of this study. "During times of major transition, such as going from home to college, or from one relationship to another, women may be more "psychologically vulnerable" to pregnancy risk-taking." (Flanigan, 1990) This finding relates to many of the subjects of this paper, young women who are away from home, at college, feeling vulnerable, and not protecting themselves from pregnancy and/or diseases.

This study concluded that, "Alcohol and drug use, while not necessary or sufficient to deter a woman from protecting herself against pregnancy, may be a significant element among other causal factors." (Flanigan, 1990)

In a study at a major Northeastern university, a connection was found between alcohol consumption and unprotected sexual activity. In this study, 25% of undergraduate students reported sexual activity during the past year after drinking which they said otherwise might not have occurred. This study noted that there is reason for concern regarding AIDS-related high-risk behavior in the college student population, due to the association between alcohol consumption and unprotected sexual activity. (Dresser, 1989)

Another study reviewed undergraduate college students' sexual attitudes and behaviors between 1974 and 1985. This study reported that the rates of sexual activity of single students increased dramatically in the 1970's, and sexual activity seemed to be the norm for both male and female students by 1980. Concerns about AIDS on campus was, by 1985, a major concern. It was noted that for many college students, the consumption of alcohol leads to lowered inhibitions, and often, sexual activity. This study concluded that there is a positive correlation between alcohol use and sexual activity. (Spees, 1987)

Related studies regarding college students, their knowledge of HIV/AIDS, and any subsequent change in sexual behavior reveal a similar, disturbing trend. Large percentages of college students have considerable knowledge about HIV/AIDS and how it is transmitted, yet they still do not take precautions against it by practicing safer sex through the use of condoms.

In one study, it was noted, "Many heterosexuals have not altered their sexual practices in response to the threat of AIDS. Knowledge of risk alone appears to have little effect on altering sexual behavior." (Sacco, 1987)

Another study reported on college campuses in Indiana, Maryland, and Delaware, and their attempts to educate students regarding safer sex practices to prevent contraction of HIV/AIDS. It was noted that many undergraduate students believe that AIDS is limited to male homosexuals; and that "It's not as simple as just giving them information", there are psychological and social reasons why students do not adopt safer sexual practices even when they may intellectually grasp the threat of AIDS. (Hirschorn, 1987) Among these reasons are: 1) Parental, societal, or religious pressures may make it difficult for many students to plan for sexual activity. 2) Some students have not developed enough self-esteem, confidence, and assertiveness to demand or negotiate the use of condoms. 3) Students must overcome peer pressure against the use of condoms, their embarrassment at purchasing them, and lack of understanding of how to use them. 4) Students may use alcohol or drugs as an "excuse" that allows them to avoid responsibility for sex. 5) Students have a hard time understanding that the consequences of a sexual encounter may not be reversible. 6) A lack of understanding, especially among younger college students, of how to use the health facilities and

take responsibility for their own well-being. (Hirschorn, 1987)

This study reported that the health educators at the colleges involved generally agreed that even students who understand that they are at risk may not have the self-confidence or maturity to handle the often thorny social and psychological issues that surround "safer sex". One health educator commented, "We know from working with college students that while they're very bright and intelligent, they don't know how to translate what they learn about AIDS into the way they live." (Hirschorn, 1987) This study concluded by recommending that health educators can break through all of the psychological barriers by reaching out to their students through one-on-one counseling, and by giving students specific advice on how to communicate with their sexual partners.

Studies conducted at universities in Texas, Oregon and California reported similar trends in educating students about HIV/AIDS. It was found that most college students are fairly knowledgeable about AIDS, how it is transmitted, and what they can do to protect themselves. However, in general, they do not consider themselves vulnerable; they do not think it

can happen to them. On the campus in Texas, 55% of the sexually active students responding to the survey said they did not use condoms to protect themselves from disease. Ninety-four percent of the students responding to the survey said they did not consider themselves at risk of contracting AIDS. On the campus in Oregon, more than 60% of the students responding to a survey said they had had sex in the past year without using a condom for protection. Researchers on the Oregon campus found that the students were able to give the correct answers to more than half of the basic questions about AIDS, including a question about how it is transmitted. But, as a group, they did not see themselves as being at risk. (Mangan, 1988)

The universities involved in these three studies all concluded that there is a serious need for further education about HIV/AIDS on their campuses. Their suggestions for getting through to students include: 1) A more personalized approach that includes peer counseling and informal discussion. 2) Sustained educational efforts on AIDS awareness, throughout the year, rather than one-day seminars. 3) Encourage existing student organizations to hold discussions and

invite speakers. 4) Incorporate AIDS education into the curriculum whenever possible. A geography class, for example, could examine the paths the AIDS virus has traveled, while a sociology class could examine the effects that ignorance and hysteria have on society's treatment of people with AIDS. On both the Texas and California campuses, the most effective method of getting through to the students about AIDS was to make it as personal an experience as possible. According to a dean on the California campus, "Nothing is more effective than a person who has AIDS giving a presentation."; a health educator on the Texas campus agreed, "No amount of lecturing or counseling is likely to have the same impact as a talk with someone who has AIDS." (Mangan, 1988)

A study conducted on a college campus in New Jersey surveyed two groups of student on HIV/AIDS knowledge and attitudes. One group took a one-semester course on HIV/AIDS (experimental group), the second group did not, serving as the control group. At the end of the semester, surveys showed the experimental group who took the course had become more knowledgeable about HIV/AIDS, compared to the control group. However, there was no significant increase in either the experimental group or the control group in the

students' beliefs that they were personally vulnerable to HIV/AIDS, nor was there any statistically significant change in HIV/AIDS-related sexual behaviors or condom use. (Goertzel, 1991)

This study concluded, "Increased knowledge did not lead students to feel that they were personally in danger of infection or to believe that social norms in their community favored changing behaviors in ways that would minimize the risk of AIDS. The course did not have a significant impact on the students' AIDS-related behaviors. Most students appear to be satisfied that their lifestyles did not involve an unacceptable risk of contracting HIV. Personal vulnerability to HIV infection did not increase as a result of the course. The lack of change in personal vulnerability is perhaps the most disconcerting finding. In many models of change in health behavior, a sense of personal vulnerability is seen as necessary for producing behavior changes. If students do not feel personally vulnerable to AIDS, it is unlikely that they will change any of their personal behaviors in ways that would minimize their risk of contracting HIV infection." (Goertzel, 1991)

In a study conducted in New York, researchers

discovered that college students had good knowledge of HIV/AIDS, what it was and how it was transmitted. However, a minority reported changing their sexual behavior to safer sex practices since learning about HIV/AIDS. In this study, only 49% of the students indicated that they had changed their sexual behavior since learning about HIV/AIDS. (Weinstein, 1991) This study concluded that knowledge about HIV/AIDS, and how it is contracted, is well known, but important misconceptions still exist, and there is insufficient behavior change. This study also advocates educational programs about HIV/AIDS which will result in behavior change, adoption of behaviors that will enhance health status, and thus prevent disease.

Chapter 3

DESIGN OF THE STUDY

Procedures

Before the survey could be conducted, permission had to be obtained from the college Housing Department, and then from the Student Services Department. Initially, I wrote to, then met with, the Director of Housing to obtain permission to conduct the survey in the dormitories on campus. I obtained permission, and distributed 100 surveys in one dormitory, 100 in a second dormitory. I returned two weeks later, and collected five surveys from one dormitory, twelve from the second dormitory.

Part of the low response rate was due to the method in which the surveys were distributed. I had originally asked the Directors of each of the two dormitories if I could personally distribute the surveys to the students. They said that would not be possible. Instead, the Directors distributed the surveys to the Resident Assistants on each floor, who distributed the surveys to the students, and only a small percentage were returned.

After this, I wrote to, then met with, the Director of the Student Center, and obtained permission to survey

students in the building. I distributed 83 surveys to randomly selected students, and I was able to have discussions with many of these students regarding their experiences on campus that related to questions on the survey.

Data Sources and Collection

The subjects of the survey were 100 undergraduate college students, 60 females and 40 males. The sample's median age was 21, with the age range being 18 to 26.

The survey was composed of questions I believed would best measure students' alcohol consumption, and related high-risk sexual activity. The survey was anonymous, and the confidentiality of the survey was stressed with the subjects. I believed this to be important, due to the survey being concerned with personal matters such as sexual activity and alcohol consumption.

I collected 17 surveys from my original effort at the two dormitories; I collected 83 surveys from my subsequent effort at the student center, for a total of 100 surveys.

Treatment and Instruments Used for Data Selection

The surveys were distributed to randomly selected students who were willing to fill them out. A sample of this survey , and the accompanying letter of explanation, are included in the appendix. The survey was completed in 10-15 minutes, and was immediately returned to me.

Chapter 4

ANALYSIS OF DATA

The survey that was distributed to the student sample consisted of sixteen questions. Five questions deal with the subjects' personal information, such as gender, age, major subject, grade point average, parents' occupations, parents' marital status. Three questions deal with the subjects' alcohol consumption/ history, three questions deal with the subjects' sexual activity/history, and one question deals with the relationship between the subjects' alcohol consumption and sexual activity. Three questions deal with safer sex precautions, and related this to alcohol consumption. The last question is general, for any further comments the subject may have regarding their own or their peers' drinking habits and/or sexual activity.

Conducting the survey with the 100 students was a time-consuming process. However, the majority of students were willing to discuss the topics included in the survey. When I asked the students about their personal experiences, the majority of them told me that they had seen a great amount of both alcohol consumption and sexual activity in their years on campus. They

also talked about the frequent parties at fraternity houses off-campus, where they witnessed even more alcohol consumption, and often, sexual activity. Many of the women talked about discussing using precautions against disease (condoms) with men prior to engaging in sex. Many women said they found this embarrassing, and that the men do not prefer to use condoms.

We also discussed the required course, "Freshman Seminar", which covers issues of importance to students, including alcohol consumption, and sexual activity related to high-risk behaviors such as contraception, HIV/AIDS, and sexually transmitted diseases. Students were generally of the opinion that the course material is informative, yet many students said they did not feel they were personally at risk for contracting AIDS.

I believe that a college has a responsibility, not only to go through the required minimum motions regarding an issue such as this that will effect its' students' lives so significantly, but to educate its' students that everyone is at risk of contracting AIDS, and everyone needs to take precautions to protect themselves.

The following data, given in percentages, reflect the sample, by gender, in answering the survey questions.

Of the males, 52% began drinking alcohol before the age of 17, an additional 18% began drinking alcohol before the age of 18. Three percent of the men did not drink alcohol at all. Forty-five percent of the men attend parties at which they drink alcohol once per week; 25% report consuming 5-6 drinks per average occasion. Another 20% of men report attending parties twice per week where they drink alcohol; another 25% report consuming 9-10 drinks per average occasion; and another 20% report consuming over 12 drinks per average occasion.

All of the males (100%) had had sex by the age of 21. 47.5% had had sex before the age of 17, an additional 25% had had sex before the age of 18. Twenty-five percent of the men report sexual activity once per week, another 30% report it as twice per week. The men indicated the approximate number of sexual partners they had been involved with in the past six months as: one partner, 40%, two partners, 25%, three partners, 3%. When asked about the importance of discussing safer sex precautions with a partner prior to sexual activity, 100% of the men said yes, it is important. However, when asked if they do

use condoms to prevent sexually transmitted diseases and AIDS, only 60% answered yes. When asked if they are more likely to engage in unprotected sexual activity after drinking alcohol, 48% of the men said yes, 52% said no.

An interesting finding is that 83% of the men who currently drink alcohol and engage in sexual activity began these behaviors either in the same year, or within the previous or subsequent year of the other. In a related question on the survey, whether they are more likely to become sexually involved if they have been drinking alcohol, 23% reported almost always, 45% reported sometimes, and 32% reported rarely or never.

Of the females, 52% began drinking alcohol before the age of 17, an additional 22% began drinking alcohol before the age of 18. Seven percent of the women did not drink alcohol at all. Fifty-five percent of the women attend parties at which they drink alcohol once per week; 35% report consuming 3-4 drinks per average occasion. Another 17% of women report attending parties twice per week where they drink alcohol, and another 27% report consuming 5-6 drinks per average occasion.

All of the females (100%) had had sex by the age

of 21. Forty-seven percent had had sex by the age of 17, an additional 22% had had sex before the age of 18. Forty percent of the women report sexual activity once per week, another 25% report it as twice per week. The women indicated the approximate number of sexual partners they had been involved with in the past six months as: one partner, 65%, two partners, 17%, three partners, 5%. When asked about the importance of discussing safer sex precautions with a partner prior to sexual activity, 100% of the women said yes, it is important. However, when asked if they do use condoms to prevent sexually transmitted diseases and AIDS, only 55% answered yes. When asked if they are more likely to engage in unprotected sexual activity after drinking alcohol, 43% of the women said yes, 57% said no.

An interesting finding is that 60% of the women who currently drink alcohol and engage in sexual activity began these behaviors either in the same year, or within the previous or subsequent year of the other. In a related question on the survey, whether they are more likely to become sexually involved if they have been drinking alcohol, 14% reported almost always, 48% reported sometimes, and 38% reported rarely or never.

TABLES

Question 6 -- Age at which you began drinking alcohol:

	10	12	13	14	15	16	17	18	19	20	21
Male	2.5%	2.5%	--	13%	13%	18%	18%	20%	--	5%	5%
Female	--	2%	3%	2%	18%	20%	22%	8%	11%	2%	5%

Non-drinking males = 3%
Non-drinking females = 7%

Question 7 -- Age at which you became involved in sex:

	14	15	16	17	18	19	20	21
Male	7.5%	10%	30%	25%	15%	7.5%	--	5%
Female	7%	25%	15%	22%	13%	13%	3%	2%

Question 8 -- Number of parties per week you consume alcohol:

	1	2	3	4	5
Male	45%	20%	10%	10%	7.5%
Female	55%	17%	13%	7%	2%

None for males = 7.5%
None for females = 6%

Question 9 -- Number of drinks consumed at average party:

	1-2	3-4	5-6	7-8	9-10	10-12	Over 12
Male	5%	23%	25%	13%	5%	5%	20%
Female	21%	35%	27%	7%	2%	--	2%

None for males =7.5%
None for females = 6%

Question 10 -- Number of times per week of sexual activity:

	1	2	3	4	5	6	7	8
Male	25%	30%	7.5%	12.5%	10%	--	--	2%
Female	40%	25%	8%	8%	7%	2%	2%	--

None for males = 13%
None for females = 8%

TABLES

Question 11 -- Are you more likely to become sexually involved if you have been drinking alcohol?

	Almost Always	Sometimes	Rarely or Never
Male	23%	45%	32%
Female	14%	48%	38%

Question 12 -- Number of sexual partners in past 12 months:

	1	2	3	4	5	6	7	8
Male	40%	25%	25%	7.5%	7.5%	2.5%	--	2.5%
Female	65%	17%	5%	3%	2%	--	--	--

None for males = 12.5%
None for females = 8%

Question 13 -- Important to discuss safer sex precautions?

	Yes	No
Male	100%	--
Female	100%	--

Question 14 -- Do you use safer sex precautions?

	Yes	No
Male	60%	40%
Female	55%	45%

Question 15 -- Are you more likely to engage in unsafe sex if you have been drinking alcohol?

	Yes	No
Male	48%	52%
Female	43%	57%

Chapter 5

SUMMARY AND CONCLUSIONS

Problem Restatement

This study was conducted in order to gain additional knowledge about the relationship between undergraduate college students' consumption of alcohol and high-risk sexual activity. It examined undergraduate students' attitudes and behaviors concerning alcohol consumption and high-risk sexual activity, the relationship between the two, and related this to taking precautions against contracting HIV/AIDS and other sexually transmitted diseases.

Description of Methods and Procedures Used

The methods used were research and survey. The survey consisted of sixteen questions which dealt with demographic information, the relationship between the subjects' alcohol consumption and sexual activity, and safer sex precautions related to students' attitudes, beliefs, and behaviors.

The survey was distributed to 100 undergraduate students on campus, was generally completed in 10-15 minutes, and was collected by me. It was time-consuming, but was worth it, because it enabled me to get a personal feeling from the students regarding their

attitudes and behaviors about alcohol consumption and high-risk sexual activity. Nearly all of the students I approached with the survey were cooperative about participating; the only exceptions were two young men who said they would prefer not to participate.

Findings

Today's undergraduate students have a great amount of personal freedom, and while they do have a great amount of pressure on them to excel scholastically, they also have a great amount of free time on their hands. Much of their free time is spent socializing with their peers, at parties in on-campus housing, off-campus housing, and at fraternity houses. Much of this socializing includes alcohol consumption at levels some people would consider excessive, and sexual activity some people would consider promiscuous. Judging from the results of the study, there does appear to be a positive correlation between these two behaviors.

In my experience of counseling undergraduate students at the campus Counseling Center this year I have encountered many students with problems involving alcohol consumption and/or their relationships with their sexual partners. This is what motivated me to do my research paper in this area.

The survey collected responses from 40 men and 60 women. It is clear that the majority of them are consuming alcohol and sexually active on a regular basis. I was aware that undergraduate students, in general, "party" frequently, including alcohol consumption and sexual activity. However, I was surprised at how much the survey revealed about the time students spend socializing; much of this time seems to revolve around alcohol consumption. When asked if they were more likely to engage in sex if they had been drinking alcohol, the majority of both men and women yes, by answering "almost always" or "sometimes".

It is also clear from the survey results that the majority of students, both men and women, are generally knowledgeable regarding HIV/AIDS, and about "safer sex" precautions they can take to protect themselves against disease. However, when asked if they do, in fact, take precautions, only 60% of the men and 55% of the women answered yes. When asked if they are more likely to engage in unprotected sexual activity after drinking alcohol, 48% of the men and 43% of the women answered yes.

Most of these findings generally correspond to results from other studies referred to in Chapter 2,

Review of Related Literature. In this study, as in many other of the cited studies, there is a positive correlation between alcohol consumption and sexual activity, and much of this is unprotected sexual activity. These are disturbing findings regarding American college students' attitudes and behaviors, especially in light of the fact that the figures from the Centers for Disease Control on AIDS cases for the past six years show a constant increase in AIDS cases among heterosexuals ages 13-24.

Conclusions

Today's college students in the United States have grown up being exposed to alcohol and sexuality from a young age. They are more involved in alcohol consumption and sexual activity, from an earlier age, perhaps, than any previous generation of Americans.

In much of the previous research, and in this research, both male and female college students report high incidences of alcohol consumption and sexual activity. In this research students reported they began drinking alcohol, and began sexual activity, at an early age. The majority of students reported that they were more likely to become sexually involved if they had consumed alcohol. One of the most interesting findings to come out of this research is

that while 100% of the students consider it important to discuss safer sex precautions with their partners, nearly half of the males (48%) and 43% of the females report not using protection after drinking alcohol. Students are knowledgeable about how HIV/AIDS and other sexually transmitted diseases are contracted, and yet so often they do not take the necessary precautions to protect themselves, for a variety of reasons.

Based on this research, there are serious problems within the undergraduate student population. There is a great amount of alcohol consumption and a great amount of sexual activity among undergraduates; the students' responses indicate there is a positive correlation between the two behaviors. Much of the sexual activity that occurs between students, especially after drinking alcohol, is without protection. Although students are aware of, and knowledgeable about, the relationship between unprotected sex and contraction of diseases, a large number of students engage in unsafe sexual activity on a regular basis.

Recommendations for Additional Studies

1. A follow-up study examining the high incidence of alcohol consumption among undergraduates.

2. A follow-up study examining the high incidence of sexual activity among undergraduates.
3. A follow-up study examining the relationship between students' alcohol consumption and sexual activity.
4. A follow-up study examining students' use of safer sex precautions to prevent contraction of diseases.
5. More consideration and attention needs to be given to undergraduate students' health education, and counseling.
6. More effective methods of educating and counseling undergraduate students regarding HIV/AIDS. The present methods used by most colleges need to be supplemented by other methods which are more personalized and effective. Among these are peer counseling, informal discussions, sustained educational efforts on AIDS awareness, and probably the most effective method, invite people living with AIDS to campus to speak to the students directly about their experiences.

I believe colleges have a responsibility to educate their students regarding every aspect of their lives, especially in areas concerning student health issues such as this. It should be treated as a number one priority, it needs to be treated as a matter of life or death, because that is exactly what it is, and there is an entire generation of Americans at risk.

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APPENDIX A

This survey will become part of my thesis for the Masters Degree in Counseling. As you can see, the survey is completely anonymous. The validity of my thesis will depend on your honesty in answering the questions. Please be truthful, and please answer as many questions as you possibly can.

If you have any questions regarding my thesis or the results of the research, please include your name and telephone number, and I will contact you.

THANK YOU VERY MUCH FOR YOUR ASSISTANCE; IT IS MUCH APPRECIATED.

SURVEY

1. Sex: Male _____ Female _____

2. Age: 18 ____ 19 ____ 20 ____ 21 ____ Over 21 ____

3. Major: _____ 3.a. Overall G.P.A. _____

4. Mothers' Occupation _____ Fathers' Occupation _____

5. Are your parents: Still Married _____ Divorced _____

6. Age at which you began drinking alcohol on a regular basis: _____

7. Age at which you became involved in sexual relations: _____

8. Number of times per week you attend parties/events at which you drink alcohol: _____

9. Number of drinks you consume at an average party/event: 1-2_____
   3-4 _____ 5-6 _____ 7-8 _____ 9-10 _____10-12 _____ Over 12 ____

10. Number of times per week you engage in sexual activity: _____
    If per week is not applicable;
    Number of times per month you engage in sexual activity: _____

11. Are you more likely to become sexually involved if you have been drinking alcohol?
    Almost Always _____
    Sometimes _____
    Rarely or Never_____

12. Approximate number of sexual partners you have been involved with in past 6 months: _____

13. Do you think it is important to talk about safe sex precautions with your partner before you become sexually involved?
    Yes _____ No _____

14. Do you, in fact, use condoms to prevent sexually transmitted diseases and AIDS? Yes _____ No _____

15. Are you more likely to engage in unprotected sexual activity (without condoms) if you have been drinking alcohol? Yes ___ No ___

16. Please use the space below for any other comments you have regarding you and your peers' drinking habits and/or sexual activity:

_____

_____

_____

Thank you very much for your assistance. It is very much appreciated.